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CONFIRMATION NO. 2397

|   |   |                                   |   |   |
|---|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/708,398  | <b>FILING OR 371(c) DATE</b><br>03/01/2004<br><b>RULE</b>   | <b>CLASS</b><br>600               | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET NO.</b><br>MSCP0021USA |
| <b>APPLICANTS</b><br>Meng-Tsung Lo, Taipei Hsien, TAIWAN;<br>Chung-Yuo Wu, Taipei Hsien, TAIWAN;<br>Yi-Chung Chang, Taipei Hsien, TAIWAN;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br><i>None Ick</i>  |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 092123596 08/27/2003<br><i>Ick</i>   |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/18/2004</b>  |   |                                   |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>Ick</i><br>Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>Ick</i> Initials |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>5                  |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                                   |   |   |
| <b>ADDRESS</b><br>27765   |   |                                   |   |   |
| <b>TITLE</b><br>ULTRASONIC VEIN DETECTOR AND RELATING METHOD  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |